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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/523353
	Filing Date	3/7/2005
	First Named Inventor	Qing Yang
	Art Unit	1631
	Examiner Name	NEGIN, RUSSELL SCOTT
Total Number of Pages in This Submission	Attorney Docket Number	APL-101/US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Statement under 3.73(b)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Declaration
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Assignment
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Recordation Cover Sheet
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: IDS REFERENCE	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM		
SIGNATURE	/ James Parris / Reg.No. 51,135		
PRINTED NAME	James Parris		
DATE	1/7/09	REGISTRATION NUMBER	51,135

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	/ Patricia Shepherd /
PRINTED NAME	Patricia Shepherd
DATE	1/7/09

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



FEE TRANSMITTAL for FY 2007		Application Number	10/523353
		Filing Date	3/7/2005
		First Named Inventor	Qing Yang
		Art Unit	1631
<input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	NEGIN, RUSSELL SCOTT
TOTAL AMOUNT OF PAYMENT	\$245	Attorney Docket Number	APL-101/US

METHOD OF PAYMENT (<i>Check all that apply</i>)							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees.							
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
1. Basic Filing, Search and Examination Fees							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	330	165	540	270	220	110	\$0
Design	220	110	100	50	140	70	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. Excess Claims Fees							
Total Claims	Threshold	=	Extra Claims	Fee (\$)			
0	- 20	=	0 X	\$52 (\$26)	\$0		
Indep. Claims	Threshold	=	Extra Claims	Fee (\$)			
0	- 3	=	0 X	\$220 (\$110)	\$0		
Multiple Dep. Claims					Fee (\$)		
<input type="checkbox"/>					\$390 (\$195)		
3. Application Size Fee							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Fee (\$)					
- 100 =	/50 =	X	\$270 (\$135)	\$0			
4. Other Fee(s)							
Non-English specification (\$130 fee, no small entity discount)							
Other: 2-MONTHS EXTENSION (\$245)							\$245

SIGNATURE / James Parris / Reg.No. 51,135			
PRINTED NAME	James Parris	TELEPHONE	650-424-0100
DATE	1/7/09	REGISTRATION NUMBER	51,135